Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

William Loos, MD
Acting Senior Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer
313 N. Figueroa Street, Suite 909
Los Angeles, CA 90012

Tel: (213) 240-8117
Fax: (213) 975-1273

www.ladhs.org

To improve health through leadership, service and education.

June 12, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: SYPHILIS AND OTHER STD CONTROL EFFORTS

On June 6, 2006, your Board requested the Director of Public Health to report on June 13, 2006 on the last syphilis awareness campaign conducted by the Department, specifically on how the allocation was targeted and utilized, the outcomes and lessons learned, and culturally and linguistically appropriate materials and approaches used.

STD and HIV Morbidity Trends in Los Angeles County

Los Angeles County (LAC) has a significant burden of sexually transmitted disease (STDs). With a population of 27.4% of the state, LAC accounts for slightly more than one third of the state's STD morbidity and 44% of the early syphilis cases. Since 2000, there has been a steady increase in chlamydia, gonorrhea, and syphilis, both nationally and locally, which may be partially explained by an increase in screening, especially among high-risk populations, as well as improvements in testing, diagnostic sensitivity, and reporting.

Overview of Public Health Response to STDs and HIV

Six programs within DHS guide effective responses to STDs and disease control and prevention in Los Angeles County (LAC) through surveillance, programs and research. These include the Office of AIDS Programs and Policy (OAPP), HIV Epidemiology Program, Immunization Program, Public Health Investigation Unit, Division of Communicable Disease Control and Prevention, and the STD Program. Specific activities conducted within the STD Program include: STD screening and case management in LAC Juvenile Halls and the LAC jails, partner services, community outreach and testing via mobile testing, collaboration with community providers to conduct STD screening, community interventions, health campaigns, health education for service providers and community members, and health provider training.

The mainstay of public health syphilis control is screening, prompt treatment, and partner elicitation and treatment. Traditional syphilis case management requires careful interview of cases to help determine infectious status, likely period of infectiousness, and to elicit partners during the determined infectious period. Partners are then followed assiduously by field staff and brought in for presumptive syphilis treatment to interrupt the chain of transmission. Partners are, in turn, interviewed for their partners and so forth.

Since 2000, the STD Program and OAPP have been committed to responding to the syphilis outbreak using a multi-pronged approach, including expanded screening and follow up for high risk populations, integrating STD and HIV screening activities, training for medical providers; and media campaigns. (See attachment II for details of key syphilis programs and media campaigns). The STDP and OAPP partnership has made it a standard of care for HIV providers to screen patients for syphilis every six months, or more frequently if there are symptoms or for persons with high risk.

Stop the Sores campaign, June 2002 (launch) to June 2005

The *Stop the Sores* campaign was launched in June of 2002 to combat rising syphilis rates among men who have sex with men (MSM). A sole-source contract was created with AIDS Healthcare Foundation to produce an extended campaign targeting MSM. The campaign was launched with an allocation of $394,345 in County funds and later augmented with $371,269 in federal funds in December 2003, and with $106,300 in federal funds in October 2004. The total allocation of funds for the *Stop the Sores* campaign was, therefore, $871,914 over three years.

Campaign elements were available in English and Spanish to reach an ethnically diverse MSM population in LA County. AIDS Healthcare Foundation and five other agencies serving MSM, including the Asian Pacific AIDS Intervention Team, the AIDS Project Los Angeles, Bienestar, the Los Angeles Gay and Lesbian Center, and the Minority AIDS Project, were formed into the Syphilis Media Organizing Committee (SMOC), which served as an ongoing advisory group to ensure that campaign elements and the campaign message was culturally appropriate. In addition, in March 2004, the STD Program conducted four focus groups of MSM (two in English and two in Spanish) to refine and adjust campaign messages.

Campaign elements included ads in gay publications, palm cards, stress grips, billboards, banner ads, a television ad in targeted cable advertising, and a web site. The campaign was also complemented by regular campaign–linked outreaches in Service Planning Area (SPA) 4 including use of a "Phil the Sore" costume. During these outreach activities, clients were provided with health education, counseling and STD testing.

Outcomes

The campaign was evaluated twice by street intercept interview, first in December 2002, and again in December 2004. In both evaluations, the racial/ethnic breakdown of the sample was similar to the racial/ethnic breakdown of syphilis cases among MSM in LAC. *Stop the Sores* was able to achieve a very high visibility in the MSM community, with 61% campaign awareness in the first evaluation and 71% campaign awareness in the second evaluation.

The main objective of *Stop the Sores* was to increase syphilis testing among MSM. A secondary objective was to increase syphilis awareness and knowledge. Both evaluations demonstrated that the campaign was successful in reaching its objectives. In both evaluations, those MSM who were aware of the campaign were significantly more likely to know about the recent increase in syphilis among MSM than those who were not aware of the campaign. In the first evaluation, those MSM who were aware of the campaign were 2.6 times as likely to have been tested for syphilis in the last six months. In the second evaluation, MSM who were aware of the campaign were 1.8 times as likely to have been tested for syphilis in the last six months.

Lessons Learned

The fact that MSM who saw *Stop the Sores* were twice as likely to have been tested for syphilis in the last six months confirmed that social marketing can be an effective tool to motivate certain types of behavior

change. Close and ongoing partnerships with the affected community, periodic use of evaluation and focus groups to assess and refine the campaign, and campaign-linked outreach all likely contributed to the success of *Stop the Sores*. However, campaign sustainability is necessary for the campaign to continue to have impact.

In contrast to the County's first syphilis prevention campaign in 2000, which also targeted women, *Stop the Sores* focused exclusively on MSM. This was due to the pronounced increased in cases among MSM relative to other groups, including women. MSM cases nearly doubled from 2000 to 2001, from 118 cases to 222 cases, and the proportion of cases among MSM relative to total cases increased from 35% to 55.6%. In contrast, female cases in 2001 declined 37% from 2000, from 97 to 61 cases. The current distribution of cases includes an increased number of female cases. While these cases remain relatively small as a proportion of the total, they are worrisome. In particular, they present a different picture than the MSM cases: where the plurality of MSM cases are among Whites and located in SPA 4, the majority of female cases are among women of color (about equally divided between Latina and African American women), with the largest recent increases in SPAs 6 and 8. Heterosexual male cases, which total about the same as female cases, are also predominantly among African American and Latino men. For these women and men, syphilis may be part of a larger STD burden: African American and Latina/o women and men in SPA 6, for example, are also burdened with the highest rates of gonorrhea and chlamydia. For these populations, adequate syphilis prevention should be part of a larger STD prevention effort.

Response Gaps

Despite extensive efforts of public health and our partners to stop the spread of syphilis and other STDs, reported disease rates continue to rise. New challenges include the anonymity of Internet sex and commercial sex venues, increasing use of methamphetamines and other substances, sexual risk among non-gay identified and minority men, and potential spread of syphilis into heterosexual networks. Continued challenges include identification and treatment of STDs in high-risk, vulnerable populations, including correctional populations of men and women, youth under 25, and minorities. The Department is currently in the process of augmenting traditional tools by implementing novel strategies for continued STD control. These will be presented to your board as part of a comprehensive strategy to improve the prevention and control of syphilis and other STDs.

If you have any questions regarding the conference or would like additional comments, please let either of us know.

BAC:JEF:rkf
bcjfes061206 mem

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors